

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS	AFTER A 1st AMENDMENT						AFTER B 2nd AMENDMENT					
	AS FILED	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1				✓			✓					
2							✓		✓			
3							✓		✓			
4							✓		✓			
5							✓		✓			
6							✓		✓			
7							✓		✓			
8				✓				✓				
9					✓			✓				
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11						✓			✓			
12						✓			✓			
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50												
TOTAL IND.	2		2		2							
TOTAL DEP.	12	↓	12	↓	17	↓	17	↓	17	↓	17	↓
TOTAL CLAIMS	19		19		19							

APPLICANT(S) 09/679,796

CLAIMS

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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